



# Suspected Outbreak Reporting Form



ALL known or suspected outbreaks are reportable to your local health department. Use this form to gather as much information as you can. Call 276-268-2311, ext. 129; fax to 276-638-3537.

## Contact Information:

Date: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Facility \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## Outbreak Information:

Disease Suspected			Residents/Students/Other	Staff
First Symptom Onset Date		# Ill		
		# Hospitalized		
		Total # in facility		
Affected Area	_____ One classroom, wing or floor	<i>For vaccine preventable diseases only (e.g. pertussis, mumps, COVID-19):</i>		
	_____ Multiple wings or floors	# of ill who are vaccinated		
	_____ Whole facility	Total # vaccinated		

## Signs & Symptoms:

<b>Respiratory</b>	<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Congestion <input type="checkbox"/> Other _____	<b>Rash</b>	<input type="checkbox"/> Suspect Scabies <input type="checkbox"/> Suspect MRSA <input type="checkbox"/> Suspect Hand, Foot, & Mouth Disease <input type="checkbox"/> Other Please describe the progress of the rash:
<b>GI</b>	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal Cramps <input type="checkbox"/> Fever <input type="checkbox"/> Other _____	<b>Other</b>	Please describe symptoms:

**Lab:** Please describe any relevant lab results \_\_\_\_\_

## Infection control measures currently implemented:

<input type="checkbox"/> Emphasized hand hygiene <input type="checkbox"/> Isolated or cohorted sick individuals <input type="checkbox"/> Excluded sick staff from work <input type="checkbox"/> Cohorted staff to work only with sick OR with well <input type="checkbox"/> Conducted thorough environmental cleaning <input type="checkbox"/> Discontinued group activities	<input type="checkbox"/> Served meals in rooms <input type="checkbox"/> Used paper plates, cups, etc <input type="checkbox"/> Removed food/drinks from common areas <input type="checkbox"/> Posted signs to limit visitors <input type="checkbox"/> Closed facility to new admissions <input type="checkbox"/> Used personal protective equipment
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## Other comments/details: